PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10.597535

| | | | <u> </u> | | <u>. </u> | • | 10.7 | | ソフノ | |
|--------------------------|--|----------------------------------|------------------|---|--|---------------------|------------------------|---------|---------------------|-----------------|
| | | CLAIMS A | S FILED - P | 'ART I | | | | | | |
| | | | (Colu | min 1) . | (Column 2) | SMALLE | NTITY | OR | LARGE E | NTI |
| U.S. NATIONAL STAGE FEES | | | · | | | RATE | FEE | | RATE | . F |
| BASIC FEE | | | | | | BASIC FEE | 150 | OR | BASIC FEE | |
| EXAMINATION FEE | | | | | | EXAM. FEE | 100 | | EXAM. FEE | |
| SEARCH FEE | | | | | | SEARCH FEE | 200 | | SEARCH FEE | |
| FEE FOR EXTRA SPEC. PGS. | | | minus 100 = | | / 50 = : | X \$ 125 = | | | X \$ 250 = | |
| TOTAL CHARGEABLE CLAIMS | | | minu | ıs 20 = | | X \$ 25 = | | OR | X \$ 50 = | |
| NDEPENDENT CLAIMS | | | l mir | nus 3 = | | X \$ 100 = | | OR | X \$ 200 = | |
| NUI | TIPLE DEPEN | DENT CLAIM PRE | SENT | | | + \$ 180 = | | OR | + \$ 360 = | |
| ' If | the difference | in column 1 is I | ess than zero, e | enter "0" in | column 2 | TOTAL | 450 | OR | TOTAL | |
| AMENDMENTA | · | CLAIMS REMAINING AFTER | | HIGHES NUMBER PREVIOUS PAID FO | R PRESENT SLY EXTRA | RATE | ADDI- TIONAL FEE | | RATE | AE TIO |
| | | AMENDMENT | | PAID FO | | | FEE | | | FE |
| | Total | | Minus | | = | X \$ 25 = | | OR | X \$ 50 = | |
| | Independent | <u> </u> * | Minus | *** | = | X \$ 100 = | | OR · | X \$ 200 = | |
| | FIRST PRES | SENTATION OF M | ULTIPLE DEPEN | NDENT CLA | IM | + \$ 180 = | | OR | + \$ 360 = | |
| | | | | ١,٠ | | TOTAL ADDIT. FEE | · | OR | TOTAL ADDIT. FEE | |
| | | (Column 1) | | (Column | 2) (Column 3) | • | ٠. | | | ι. |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | 2 | HIGHES NUMBER PREVIOUS PAID FO | PRESENT EXTRA | RATE | ADDJ- TIONAL FEE | | RATE | AD TIO FE |
| | Total | * | Minus 🛶 | ** | = | X \$ 25 = | | OR | X \$ 50 = | |
| | Independent | * | Minus | *** | = | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | IM | + \$ 180 = | | OR | + \$ 360 = | |
| | • | | | - 1 | | TOTAL ADDIT. | | OR | TOTAL ADDIT. | • |

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

^{**} If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".

^{***} If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.